

EMPLOYER'S WAGE ATTACHMENT REMITTANCE FORM

PLEASE REPRODUCE THIS FORM AND MAIL WITH FUTURE PAYMENTS.

INSTRUCTIONS: Complete and send with your payment to the address below. Use one line for each employee from whom you have withheld delinquent taxes. Do not include regular amounts of income taxes withheld.

MAKE CHECKS PAYABLE TO THE WISCONSIN DEPARTMENT OF REVENUE

TERMINATED EMPLOYEE: You are required to withhold the entire amount payable to terminated employees or an amount equal to the balance of certification.

Employer's Name:
Payroll Phone Number ()
Name of Contact Person:
If payroll address has changed, please enter new address below.

TERMINATED EMPLOYEE: You are required to withhold the entire amount payable to terminated employees or an amount equal to the balance of certification.				Entry required if it applies to an employee under a wage certification. Check whichever applies and enter the requested dates.				
ENTRY REQUIRED FOR EACH EMPLOYEE THAT HAD DELINQUENT AMOUNTS WITHHELD THIS PERIOD			CHECK ONLY IF THIS IS THE FINAL PAYMENT OF THE WAGE ATTACHMENT	Terminated/Quit	LAST DAY OF WORK	Temporary Lay-Off	Leave of Absence	ANTICIPATED RETURN DATE (Month/Year)
NAME OF EMPLOYEE	EMPLOYEE'S SOCIAL SECURITY NUMBER	DELINQUENT AMOUNT WITHHELD						
TOTAL AMOUNT WITHHELD		\$		MAIL REMITTANCE WITH THIS FORM TO:				

MAIL REMITTANCE WITH THIS FORM TO:
Wisconsin Department of Revenue
Central Collection Section
PO Box 8960
Madison WI 53708-8960